## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004

10/524118

| CLAIMS AS FILED - PART I   |   |                                  |   |  |  |  | SMALL ENT  |              | ITY                    | OR      | OTHER THAN SMALL ENTITY |                     |
|--|---|----------------------------------|---|--|--|--|------------|--------------|------------------------|---------|-------------------------|---------------------|
|  |   |                                  | (Column   | 1)   | (C                                     | column 2)                                      | ) I        |              |                        |         |                         |                     |
| U.S. NATIONAL STAGE FEES   |   |                                  |   |  |  |  |            | RATE         | FEE                    |         | RATE                    | FEE                 |
| ASI  | C FEE   |                                  | SMALL ENT. = \$ 150 LAI   |  |  | ARGE ENT. = \$ 300                             |            | BASIC FEE    |                        | OR      | BASIC FEE               | 300                 |
| EXAMINATION FEE  |   |                                  | Satisfies PCT Art<br>(4) = \$50 /                                     |  | All other situations = \$ 100 / \$ 200 |  |            | EXAM. FEE    |                        |         | EXAM. FEE               | <b>30</b> 0         |
| SEARCH FEE   |   |                                  | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$400 |  | All other situations = \$ 250 / \$ 500 |  |            | SEARCH FEE   |                        |         | SEARCH FEE              | 490                 |
| FEE FOR EXTRA SPEC. PGS.   |   |                                  | minus 100 =   |  | / 50 =                                 |  |            | X \$ 125 =   |                        |         | X \$ 250 =              | \                   |
| ОТА  | AL CHARGEAB   | LE CLAIMS                        | minus 20 =  |  | *                                      |  |            | X \$ 25 =    |                        | OR      | X \$ 50 =               |                     |
| NDE  | PENDENT CL  | AIMS                             | m   | inus 3 =                                       | *                                      |  |            | X \$ 100 =   |                        | OR      | X \$ 200 =              |                     |
| NUL.   | TIPLE DEPEND  | DENT CLAIM PRI                   | ESENT   |  |  |  |            | + \$ 180 =   |                        | OR      | + \$ 360 =              |                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                                  |   |  |  | lumn 2   |            | TOTAL        |                        | OR      | TOTAL                   |                     |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST |                                  |   |  |  |  | <b>!</b> ! | SMALL E      |                        | or<br>I | OTHER<br>SMALL E        | NTITY               |
| ΙA   |   | REMAINING AFTER AMENDMENT        |   | NUMI<br>PREVIO<br>PAID                         | BER<br>DUSLY                           | PRESENT<br>EXTRA                               |            | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                    | TION/<br>FEE        |
| AMENDMENT A  | Total   | *                                | Minus   | **   |  | =  |            | X \$ 25 =    |                        | OR      | X \$ 50 =               |                     |
| AMEN   | Independent   | *                                | Minus   | ***  |  | =  |            | X \$ 100 = - |                        | OR      | X \$ 200 =              |                     |
| ,  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                    |                                  |   |  |  |  |            | + \$ 180 =   |                        | OR      | + \$ 360 =              |                     |
|  |   |                                  |   |  |  | <u>.                                      </u> |            | TOTAL ADDIT. |                        | OR      | TOTAL ADDIT.<br>FEE     |                     |
|  |   |                                  |   |  |  |  |            |              |                        |         |                         |                     |
|  |   | (Column 1)                       |   | (Colur   |  | (Column 3)                                     | 2          |              |                        |         |                         | T                   |
| NT B   |   | CLAIMS REMAINING AFTER AMENDMENT |   | NUMI<br>PREVIO                                 | BER<br>DUSLY                           | PRESENT<br>EXTRA                               |            | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADD<br>TION/<br>FEE |
| OMEN   | Total   | *                                | Minus   | **   |  | =  |            | X \$ 25 =    |                        | OR      | X \$ 50 =               |                     |
| ⋛  |   | *                                | Minus   | ***  |  | =  |            | X \$ 100 =   |                        | OR      | X \$ 200 =              |                     |
| MENDM  | Independent   | i                                |   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |            |              |                        | 1       |                         | 1                   |
| AMENDME  |   | ENTATION OF N                    | NULTIPLE DEPI   | ENDENT (                                       | CLAIM                                  |  |            | + \$ 180 =   | ŀ                      | OR      | + \$ 360 =              |                     |

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